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Bib Data Sheet

CONFIRMATION NO. 1195

SERIAL NUMBER 10/765,654	FILING DATE 01/27/2004 RULE	CLASS 424	GROUP ART UNIT 1655	ATTORNEY DOCKET NO. 09143-018002
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APPLICANTS

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 ** CONTINUING DATA *****

This application is a DIV of 10/039,246 01/04/2002 PAT 6,713,096

mca
 ** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/14/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY ID	SHEETS DRAWING 0	TOTAL CLAIMS 5	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>mca</i> Examiner's Signature	<i>mca</i> Initials			

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TITLE

Dietary supplements and methods for treating pain and inflammation

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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